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## BIB DATA SHEET

CONFIRMATION NO. 8885

|   |   |                                      |   |   |                                |
|---|---|--------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/597,291  | <b>FILING or 371(c) DATE</b><br>07/19/2006<br><b>RULE</b>   | <b>CLASS</b><br>128                  | <b>GROUP ART UNIT</b><br>3771   | <b>ATTORNEY DOCKET NO.</b><br>3869/030 US |                                |
| <b>APPLICANTS</b><br>Steven Paul Farrugia, New South Wales, AUSTRALIA;<br><b>** CONTINUING DATA ***** /KCM/</b><br>This application is a 371 of PCT/AU05/00174 02/10/2005<br>which claims benefit of 60/543,491 02/11/2004<br><b>** FOREIGN APPLICATIONS ***** None /KCM/</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>11/26/2007 |   |                                      |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /KRISTEN CLARETTE<br>Acknowledged MATTER/<br>Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWINGS</b><br>4   | <b>TOTAL CLAIMS</b><br>32                 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>GOTTLIEB RACKMAN & REISMAN PC<br>270 MADISON AVENUE<br>8TH FLOOR<br>NEW YORK, NY 10016-0601<br>UNITED STATES  |   |                                      |   |   |                                |
| <b>TITLE</b><br>Session by-Session Adjustments of a Device for Treating Sleep Disordered Breathing  |   |                                      |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |